

# NAME CHANGE REQUEST

**\$35 FEE (NON-REFUNDABLE)**

Please type or print using capital letters and black ink.

## Section 1: Biographical Data

Last Name																									
First Name																				M.I.					
Maiden Name																									
Street																									
City															State		Zip Code								
County of Residence																									
Country, If Not U.S.A.																									
Home Phone															Daytime Phone										
Social Security #										KY License #										Date of Birth					

## Section 2: Requested Name Change

Last Name																									
First Name																				M.I.					
Maiden Name																									
Address Line 1																									
Address Line 2																									
City															State		Zip Code								
County of Residence																									
Country, If Not U.S.A.																									

You must enclose one of the following:

Marriage Certificate ☐ Divorce Decree ☐ Social Security Card ☐ Legal Name Change Document ☐

**Signature**

Date:  -  -

## Section 3: Attach License Card(s) Here

If you have multiple cards (RN, LPN, ARNP, SANE), ALL cards must be returned before your name will be changed.

## Return to the Following Address

Sharon Minniefield, Licensure Specialist  
Kentucky Board of Nursing  
312 Whittington Pky, Suite 300  
Louisville, KY 40222-5172